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□ Declaration

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Nur	nber	1/1372		
			First Named Invento	r	Antonie NEUBAUER		
			COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Number		10 / 624,149			
Declaration Submitted with Initial Filing	OR	Declaration Submitted after Initial	Filing Date	July 21, 2003			
			Group Art Unit	to be	to be assigned		
	Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name	to be	e assigned		

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: gM-NEGATIVE EHV-MUTANTS WITHOUT HETEROLOGOUS ELEMENTS the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) 07-21-2003 as United States Application Number or PCT International Application Number 10/624,149 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. .119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy Attached?** Priority Prior Foreign Application Foreign Filing Date Country Not Claimed Number(s) (MM/DD/YYYY) YES NO 10233064 Germany 07/19/2002 10317008 04/11/2003 Germany Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below Application Number(s) Filing Date (MM/DD/YYYY) 60/403.282 08/14/2002 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]
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DECLA	<u>RATION –</u>	<u> </u>	y Or	<u>ve:</u>	sigi	<u>i Pate</u>	пі Ар	oncau	ווכ	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Pare	ent Application or Number	PCT Parent	t		Parent Filing Date (MM/DD/YYYY)			ent Patent I <i>(if applical</i>		
Additional U.S. or I	PCT international applica	ation numbers a	re listed on	a supp	lemental	priority data	sheet PTO/SB	/02B attached I	nereto.	
As a named inventor, I h	ereby appoint the follow	ring registered p	ractitioner(s) to pr	osecute	this applicatio	n and to trans			
and Trademark Office of	and Trademark Office connected therewith: Customer Number OR Registered practitioner(s				registrati	on number lis	ted below	Place Customer Number Bar Code Label here		
Nam		Regis	tration nber			Nam		Registration Number		
Robert P. Raymo	ond	25,089			Susai	n K. Pocc	hiari	45,016		
Alan R. Stempel		28,991		Philip I. Datlow				41,482		
Mary-Ellen M. De		27,928				thy X. Wit	kowski	40,232		
Anthony P. Bottir	10	41,629			David A. Dow 46,124				1	
Additional registere	d practitioner(s) named	on supplementa	l Registere	d Pract	itioner In	formation she	et PTO/SB/02	C attached her	eto.	
Direct all correspondence to: Customer Number or Bar Code Label Customer Number 28501 OR Correspondence address					ress below					
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole or I	First Inventor:				A petitio	n has been	filed for this	unsigned inve	entor	
Given Name (first and middle [if any])				Family Name or Surname						
Antonie				NEUBAUER						
Inventor's Signature	. d. Vesar			Date				Bd30,0)		
Residence: City	sidence: City Muenchen State			Country Germany			у	Citizenship	DE	
Post Office Address	Theolindenstrasse 47									
Post Office Address										
City	Muenchen State		ZIP		81	545	Country	Germany		
☐ Additional invento	ors are being named	on thesu	pplement	al Ado	litional I	Inventor(s) s	heet(s) PTO	/SB/02A atta	ched hereto	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]))		Family Nan	ne or Su	urname		
Christina		ZIEGLER					
Inventor's C. Figure				Date Oct. 30, 2003			
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CityMuenchen	State		ZIP 80797 Count		_{ry} Germany		
Name of Additional Joint Inventor, if an	y:		A petition has been filed	d for this	s unsigned inventor		
Given Name (first and middle [if any]) ,	Family Name or Surname					
Inventor's Signature		Date					
Residence: City	dence: City State		Country	Citizenship			
Mailing Address							
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manning Addition			,				
City	State		ZIP	Cou	ntry		
Name of Additional Joint Inventor, if ar	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature				Date			
Residence: City State		Country			Citizenship		
Mailing Address							
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